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ABSTRACT

The Gamblers Treatment Clinic (GTC) opened in 1982 as a New York State Office of Mental Health Demonstration Program. The basic premise of the GTC is that excessive gambling is a disorder of impulse control. Treatment, conducted in the community in a time-limited fashion, attempts to uncover the underlying dynamics that precipitate disorders of impulse control. During an initial evaluation for the diagnosis of pathological gambling, a potential client's motivation for treatment, financial status, vocational status, involvement with Gamblers Anonymous, family relationships, legal issues, and gambling patterns are assessed. At termination of treatment, similar forms are used to record data regarding the status of the client. Clinical services provided at the GTC include individual and family/marital therapy, group therapy, and when appropriate, chemotherapy. Client data gathered at intake and at termination were analyzed for 81 gamblers. The results revealed that clients reported significantly less gambling on termination of treatment than they did at initiation. There were improvements in social relations reported at termination of treatment. Gambling at termination of treatment, however, was not related to social relations at termination. There was some evidence that reports of improvements in lifestyles (e.g., employment, income level) were related to reports of less gambling at termination of treatment. (NB)

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SHORT ABSTRACT

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A PRELIMINARY OUTCOME STUDY OF AN OUTPATIENT TREATMENT PROGRAM FOR GAMBLERS

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Data were analyzed from 81 gamblers treated in an outpatient clinic for gamblers, for whom information at initiation and termination of treatment were available. The clients reported significantly less gambling on termination of treatment than they did at initiation. There were improvements in social relations reported at termination of treatment. However, gambling at termination of treatment was not related to social relations at termination. There was some evidence that reports of improvements in lifestyle (e.g., employment, income level) were related to reports of less gambling at termination of treatment.

An outpatient treatment program for gamblers is described in this paper. Data are presented on the characteristics of clients who enter into treatment and on treatment outcome. These results should be regarded as preliminary since they are based on self-reports of clients who underwent treatment and there is no comparison to a control group.

Kusyszyn (Kusyszyn and Rutter,1985; Kusyszyn,1978) has made the distinction between gambling as healthy play and pathological gambling. Rosencrance (1985) has criticized the labelling of people who gamble excessively as disease victims and gambling as a serious social problem. In contrast, there is an extensive literature in which the gambler is viewed as pathological (cf. Rabow, Comes, Donovan, & Hollas, 1984). Peck (1986) identified compulsive gambling as a serious mental health problem that should be treated by mental health professionals. The clients who came to be treated in this program clearly viewed their gambling as harmful and were seeking help in dealing with the problem of gambling.

Recently, Russo, Taber, McCormick, and Ramirez (1984) described encouraging outcomes of a treatment program for gamblers conducted on an inpatient basis and Politzer, Morrow, and Leavey (1985) reported similar results for an outpatient program. Favorable outcomes for the St. Vincent's program were briefly noted (Blackman, Simone, & Thoms, 1986).

The program to be discussed here, the Gamblers Treatment Clinic (GTC), opened in 1982, funded as a New York

State Office of Mental Health Demonstration Program. It is located in a garden apartment complex in a middle-class section of the Staten Island community. In addition, clinics are also operated in Manhatten and Queens. A total of 179 clients applied for admission to the program from its inception to February, 1985. Of these 155 were enrolled in the GTC. Ninty-seven completed treatment by August 1985.

The basic premise with which this Clinic operates is that excessive gambling is a disorder of impulse control. Consequently, treatment is geared to uncovering the underlying dynamics that precipitate disorders of impulse control and contribute to the chaotic lifestyle of the gambler. Treatment is conducted in the community in a time-limited fashion, aimed at helping the client develop a sense of control.

The Clinic is staffed by a Director, four full-time psychiatric social workers, one part-time psychiatric social worker, a part-time psychiatrist, and a part-time psychologist. It operates on an appointment basis six days a week, including five evenings.

Prior to being accepted for treatment, clients are evaluated for the diagnosis of pathological gambling according to the criteria established in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (1980). The client is evaluated for three one and one-half hour sessions. During this period, assessments are made of the client's motivation for treatment, financial status, vocational status, involvement with Gamblers Anonymous, family relationships, legal issues and gambling patterns. Although most clients are evaluated individually, there are

occasions in which the spouse and children are asked to be involved in the evaluation process.

Upon completion of the third session, a diagnosis is made and a treatment plan formulated with the client's full participation. Attendance in G.A. is often recommended and initial G.A. contact is made in the clinic. A fee is set and a therapeutic contract is made for a specified length of time depending on the severity of issues presented. This contract is reviewed several weeks before the scheduled termination. The length of treatment may be extended and new treatment goals may be determined. During this intake process, data regarding the initial status of the client were recorded on specially designed forms by the intake therapist. At termination of treatment, similar forms were used to record data regarding the status of the client. This paper concerns the data gathered during at intake and termination from the client.

The clinical services provided at the GTC are individual, family/marital, group therapy and, when appropriate, chemotherapy. Individual and family/marital therapy have been the primary modes of treatment utilized.

The average length of stay in treatment increased from about 15 sessions during 1982-83 to 38 sessions in the first half of 1984. By mid 1985 the average length of treatment was approximately one year. With experience in the program it was found that the problem of gambling, which brought the clients into treatment, was one aspect of a complex of personal and family problems that relate to difficulty with impulse control. As time went on these problems were dealt with more extensively in treatment and the number of

treatment sessions increased.

Results

Data are available at intake and termination of treatment from 88 patients of the 97 who terminated treatment by August, 1985. The missing data is attributable to appropriate forms not always being completed in the initial stages of the organization of the program.

The 88 gamblers for whom both admission and termination data are available are principally white (95% white) and male (99% males) with a mean age of 41.3 years. The clients ranged in age from 20 to 64. The mean length of treatment was 5.5 months, the median 4.2. The range was from clients who left treatment in the same month that they entered it, to clients who remained in treatment for 24 months.

Five questions were asked of the clients regarding their gambling behavior at the initiation of treatment and the same questions asked again at termination of treatment.

The questions concern:

1. Overall frequency of gambling;
2. Perception of problem severity;
3. Preoccupation with gambling ;
4. How much is bet in a typical week;
5. Total amount of indebtedness.

These data are summarized in the four tables below.

In the three analyses that follow the Wilcoxon Matched-Pairs Signed-Ranks Test was used as the test of significance. The number of subjects differs among analyses

because only pairs with complete data enter the analysis.

There is a statistically significant difference between overall frequency of gambling reported at initiation of the program and at termination ($Z = 6.58$, $p < .001$). At initiation, 79% of the sample of 70 clients with complete data report they were gambling daily, at termination, 6% report they were gambling daily.

There was a statistically significant difference between perceptions of problem severity at initiation and at termination ($Z = 4.43$, $p < .001$). At initiation of treatment, 67% of the 85 clients with complete data rated their problem as severe or very severe. At termination, 29% made similar ratings.

There was a statistically significant difference between preoccupation with gambling at initiation and at termination ($Z = 3.55$, $p < .001$). At initiation of treatment, 43% of the 84 clients with complete data rated their preoccupation with gambling as considerable or extreme. At termination 25% made similar ratings.

Regarding the Amount Bet in a Typical Week, there was a significant difference between initiation and termination ($t = 3.82$, $p < .001$). There was also a statistically significant difference when amount bet in a typical week was calculated as a proportion of weekly income ($t = 2.47$, $p < .02$). Looking more closely at the distributions of these variables, we find that the median amount bet in a typical week at initiation of treatment was about $200 and at termination of treatment the median was $1. These differences are the result of about 70% of the clients reporting that their average weekly bet at termination was

$0, while about 8% report an average weekly bet of $0 at initiation. The large differences between the means and medians is a result of a few subjects betting large amounts, thus increasing the means considerably.

The mean debt at initiation was significantly higher than at termination ($t = 2.28$, $p < .03$). Seen another way, at initiation the average debt was 139 times total weekly income. At termination, the average debt was 88 times total weekly income ($t = 2.45$ $p < .02$). Because the mean is influenced by a few clients with large debts, we may also look at median indebtedness. At initiation, the median indebtedness was $9,512.00 and at termination $4,500.00.

Discussion

The clients admitted to treatment at this clinic are different from those who are treated at other units of the Mental Health Center. Data regarding Center clients are derived from a report of the clients served at the Center in 1985 (Steinke, 1986). Fifty-four percent of the Center clients are males compared to 99% of the gamblers. Seventy-six percent of the Center clients are white compared to 95% of the gamblers. Our overall impression of the clients of the gambling program is that they are better educated, employed at higher level jobs, more likely to be home owners, and are better integrated into the community than other of the clients served at the Center. One explanation for this is that it is necessary to have access to money and credit to bet large amounts of money frequently.

Although we have made repeated efforts to enroll women and minority members in the program, these efforts have not

succeeded. It may be that excessive gambling is so socially deviant for women that they can not admit to this problem or it may be that there is something about the structure of the program that keeps women and minority group members away. Alcoholic persons are the closest group to gamblers served by the Mental Health Center in terms of a deviance of choice. We find that about 16% of the women and 35% of Blacks enrolled at the Center report alcohol abuse. So the other programs of the Center draw minority group members and women as does the alcoholism program. This is an issue that requires further investigation.

The clients of the Gambling Treatment Clinic were large bettors in a great deal of debt who bet frequently. It is interesting to note that at intake 34% claimed not to have bet in the last 30 days. This probably represents an attempt to deal with betting problems, alone or with the aid of G.A., that was not successful. It would be interesting to compare the group treated at the GTC with those for whom G.A. provides a sucessful treatment alternative.

A comparison of data at initiation of treatment with that at termination reveals that there were significant decreases in gambling reported on all five measures of gambling that were obtained both at initiation and at termination of treatment. This is encouraging to our efforts to develop an outpatient treatment program, particularly since these clients appear to be rather seriously involved with gambling. These results should be interpreted cautiously since they are based on self-reports and the treated group was not compared to a control. We wish to emphasize the need for further research in this area with

better developed instruments. In particular, there is an urgent need for well controlled research in which the effectiveness of various treatment modalities is compared.

We are continuing to follow these patients. A telephone follow-up using the same five questions noted above is underway. It may well be that some will revert to gambling. As with addictive disorders in general, it may be shown that treatment programs are effective in modifying target behaviors in the short run, but these changes may not be long lasting without active follow-up (Marlatt & Gordon,1985). We need to be aware of the possibility of remission and alert our clients to this problem so that if remission occurs it can be seen as part of the treatment process rather than as a failure that signals the hopelessness of treatment. Secondly, we believe it is critical to develop measures of gambling that can serve as widely acceptable criteria in this emerging field and to employ such measures in well controlled studies.

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Table 1

Frequency of Betting at Initiation and Termination

Frequency	Initiation % of Clients	Termination % of Clients
Less than 1/wk.	4	61
1-2/wk. to 3-6/wk.	17	33
Daily	79	6

Note: A total of 70 clients had complete data at initiation and termination.

Table 2

Perceptions of Problem Severity at Initiation and Termination

Severity of Problem	Initiation % of Clients	Termination % of Clients
None or Slight	15	31
Moderate	18	40
Severe or Very Severe	67	29

Note: A total of 85 clients had complete data at initiation and termination.

Table 3

Preoccupation with Gambling at Initiation and Termination

Severity of Preoccupation	Initiation % of Clients	Termination % of Clients
None or Minimal	32	51
Moderate	25	24
Considerable or Extreme	43	25

Note: A total of 84 clients had complete data at initiation and termination.

Table 4

Means of Responses at Initiation and Termination

Item	Initiation	Termination
Amount Bet/Week	$ 2,255	$ 1,444
Indebtedness	$51,124	$32,626